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22204 7590 03/16/2009

NIXON PEABODY LLP
401 9TH STREET, N.W.
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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/295,607	04/22/1999	SHUNPEI YAMAZAKI	740756-1961	7371

TITLE OF INVENTION: SEMICONDUCTOR DEVICE HAVING ALUMINUM NITRIDE FILM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	06/16/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
HU, SHOUXIANG	2811	257-072000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>NIXON PEABODY LLP</u> 2. <u>Jeffrey L. Costellia</u> 3. <u>Marc W. Butler</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Semiconductor Energy Laboratory Co., Ltd.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Kanagawa-Ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).

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(Authorized Signature) /Marc W. Butler, Reg. No. 50,219/

(Date)

(Typed or Printed Name) Marc W. Butler

June 16, 2009

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